January 1991

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T Clinical Center Clinical Center Control Con

Total Quality Management Arrives at the CC



Quality Together

"Quality Together" (QT) is the theme of the Clinical Center's new process of quality improvement. This training process, also called Total Quality Management (TQM) or Continuous Quality Improvement (CQI), is already underway. Eventually, every employee at the Clinical Center will be trained in the process of Quality Improvement.

QT encourages employees to become more involved in making decisions and improvements in their departments. This emphasis on quality and continuous improvement will allow the Clinical Center to increase customer satisfaction, improve employee morale and commitment, encourage more teamwork among employees, and reduce costs by decreasing errors and inefficiencies.

TQM emphasizes *people*, not *titles*. TQM managers view employees as assets. They encourage innovation, help

TOM Continued on Page 3

The Clinical Center is the world's largest hospital devoted to clinical research. It is also arguably the best. Because we aim for continuous quality improvement, we have begun a process to improve quality, embracing a philosophy known as Total Quality Management (TQM). Industry and hospitals worldwide have used TQM to excel at what they do. Now it is our turn to make it work for us.

TQM is a systematic attempt to meet or exceed the expectations of "customers," those

who receive the product of our work. For us in the Clinical Center, our customers are our patients, our fellow employees, our colleagues from the institutes, the public, and regulatory groups such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). TQM promotes doing a job right the first time and planning specific improvements based on our customers' expectations. We will learn from them what these expectations are, work to meet or exceed them, measure how well

we have done, check back with our customers, and repeat the process for further improvement. Good as we may be, we can always do better.

I am committed to the continuous improvement of care and service in the Clinical Center, and I ask every Clinical Center employee to join me in this commitment.

Acting Director, Clinical Center

A Vision of Fitness for 1991:

Goal-Setting for Health Achievement

The most important part of developing a personal plan for physical fitness is knowing why you want to become more fit. As simple as that may sound, it is actually a critical aspect of a successful fitness plan. If your goal is weight loss, you will approach fitness somewhat differently than if your goal is building strength and endurance. And, once you know why you want to become more fit, you can more easily determine what you can do to reach that goal.

Set long-range goals

Be specific. Sit down with a paper and pencil and jot down exactly what you hope to accomplish by becoming more physically fit. Do you want to lose weight? If so, how much? Do you want to improve your endurance? If so, why? If you wish to improve specific skills (your bicycling, swimming, or golf game, for instance) state them.

Knowing what you want in the long-run will help you tailor your program to achieve your ends as well as motivate you to follow through with your "working" goals.

Set working goals

If your long-range goal is to lose 15 pounds, start by setting short-range "working" goals—small steps that will help you reach your long-range wish. "Working" goals say what, how much, when, and how often you will do an activity to help you move toward your final goal. For instance, a working goal might be

to attend a one-hour exercise class after work on Monday, Wednesday, and Friday. Each time you attend a class, you've met one working goal. If your ultimate goal is to increase the weight you can bench-press, your working goals will center around progressively "overloading" your muscles to help build strength.

Keep a planner

The best way to outline working goals—and to make your fitness plan a firm commitment—is to keep a planner. Write down the activities you will do, which days you will do them, and when and how long you will do them. It is best to space your "workouts" at least one day apart to allow for adequate recovery time, so if you exercise vigorously on Monday, wait until Wednesday to repeat that activity. (Remember, for optimum results, you should exercise vigorously three to five times a week.) When you have accomplished each goal, take a minute to write a comment or two on how you felt afterward. Did you feel a sense of accomplishment? Have you noticed that you are exercising with greater ease than when you first started? Did eating lunch before your workout affect your performance? Keep notes about your progress and use this information to analyze any problems you may be having as well as to award your achievement.

The payoff

Long-range goals—the payoff—can be easy to lose sight

of; that's why working goals and planners are important. By writing down what you hope to accomplish and setting well-planned working goals, you'll find that the payoff is not the impossible dream, it's the final success in a series of hard-earned achievements.

CC News

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Editorial

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"We are a great place (the CC) and this process will surely help us get better"

Saul Rosen

employees identify opportunity and foster a creative environment. Managers encourage employee involvement and strive to bring employees into decision-making. TQM requires 100 percent involvement, initiative, teamwork and communication. Individual expertise needs to be coupled with team effectiveness. At the Clinical Center, the greatest opportunity for improvement lies in interdepartmental relations.

The first wave of a continuum of training took place in December when several department heads and their facilitators gathered for five days of training.

"The train has taken off and now we are pulling you all on board," says Denny Nowlin, 3M consultant to the Clinical Center. "This is where the real effort begins."

The 3M Corporation has been contracted to help implement this popular process at the Clinical Center. 3M is an innovative and diverse company that excels in product development and customer relations. Among many other products and services, 3M has over 5,000 health care products across the world and has worked with more than 40 health care organizations across the country. 3M has tailored this industrial model to the health care environ-ment and has been working with the Clinical Center for the past year in preparation for this current undertaking.

"Both 3M and the Clinical Center are research oriented organizations. We see the TQM process working very well in this institution," says Nowlin.

So, pack your positive attitudes and your motivation and jump on board the Clinical Center's continuing train of Total Quality.

The philosophy of TQM, in brief, is based on five essentials:

- 1. Quality is consistent conformance to customers' expectations
- 2. Measurements of quality are through indicators of customer satisfaction, rather than indicators of self-gratification
- 3. The objective is conformance to expectations 100 percent of the time
- 4. Quality is attained through prevention and specific improvement projects
- 5. Management commitment leads the quality process

OUALITY TOGETHER

TQM is not a program. It is a process that has developed over time, beginning in Japan after World War II. 3M is bringing its knowledge and experience in quality management to the Clinical Center. Each department has assigned one facilitator for 50 employees, who are now being trained. Within departments, facilitators will pass on the TQM philosophy, strategies and techniques to all employees. That is to say, Clinical Center employees will bring this quality process to the Clinical Center and teach one another. Total Quality Management is Quality Together.

TOM STRUCTURE

The QT process is a new way of doing business, an organizational transformation. Realizing that change is difficult and that resistance to change must be overcome, QT requires a commitment of leadership from the top of the organization. Change cannot be delegated, it must be demonstrated by management in order to take root in the organization.

"I pledge to you that those of us on the second floor are deeply committed to this process. We are a great place (the CC) and this process will surely help us get better," says Saul Rosen, Acting Director of the Clinical Center.

Dr. Rosen chairs a steering committee comprised of Clinical Center senior management. The QT steering committee meets weekly to establish organizational policies and allocate and direct resources for QT. As a group, the steering committee also develops the organizational strategic plan, including the quality vision and success statements, and develops Clinical Center-wide quality improvement projects.

Department heads are responsible for translating the organizational vision into visions for their own departments, creating action plans, and establishing improvement teams on a continuous basis. Department heads will also be held accountable for the existence, progress and success of quality teams, and department improvement projects.

The QT Director, and Clinical Center Executive Officer for Technology and Planning, Steve Galen, guides and supports the process at the corporate level. He is actively involved in strategic

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A Safety Tip for Health Care Workers

by Karen Kobayashi, P.A. C., and Deloris Koziol, Ph.D.

A widely publicized health issue for health care workers exposed to human blood and body fluids is the risk of HIV infection from on-the-job injuries (for example, needlesticks and splashes). But another virus, which is transmitted 50 times more readily than HIV, can also be passed by needlesticks or as a result of other accidental injuries involving blood and body fluids: hepatitis B.

Each year, about 12,000 health care workers in the United States are infected with hepatitis B. Many of them develop serious chronic liver disease, and over 250 U.S. health care workers die from their infections. Such infections and deaths could have been prevented if these health care workers had been vaccinated for hepatitis B.

Even if your job requires infrequent handling of human blood or body fluids, you should be vaccinated against hepatitis B. The vaccine is extremely safe and effective, and has relatively few potential side effects. Over 90 percent of those vaccinated develop antibodies to hepatitis B.

The vaccination series consists of three injections over six months. Employees who have receive the full vaccination series are encouraged to have their blood tested annually to ensure that they have adequate immunity to hepatitis B.

How can you receive this vaccine? It is free to federal employees at NIH and is administered by the Occupational Medical Service at 496-4411 or the Hospital Epidemiology Service at 496-2209. To schedule your vaccination for hepatitis B or to have your blood tested for antibodies to hepatitis B, call OMS.

Pavlov Lives!!

If you've studied Psychology 101, you might remember reading about Ivan Pavlov. He was a Russian physiologist who worked on conditioned reflexes; he trained dogs to salivate at the sound of a bell.

I noticed an application of his work in action at the Clinical Center. I was walking near the main bank of elevators, and a bell sounded to indicate the arrival of an elevator.

No, Clinical Center employees do not salivate... but their legs take on a different configuration as they race to catch the elevator, their voices are a bit higher as they yell "hello" on the run, and there is a fierce look of determination on their faces that says, "We're gonna get on that elevator!"

Watch for this as you wait for your next elevator; it is a guaranteed chuckle for you and it will take your mind off the fact that you are waiting!

> Rona Buchbinder Educational Services Officer

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planning and overall organizational development of the process.

Two QT coordinators, Patrick McMahon, Radiology Manager, and Maureen Stoppenbach, Assistant Hospital Administrator, are involved in daily coaching and guiding of department heads and facilitators through the coming years of improvement. They will share ideas and successes with members of the steering committee and department heads throughout the organization. They

are responsible for the ultimate success of the process.

Quality facilitators have been selected from each department based on their ability to train, motivate and work with members of their organizations. Facilitators may be used in their department or across functional lines in the training and team activities of other departments. After training, facilitators assume the role of internal consultants working with quality teams as advisors to the process.

Quality teams are selected from volunteers within each department and chosen, based on their specific skills or experience, to identify problems and suggest solutions for them. These teams will be formed to analyze current conditions and opportunities for change. Training for department Heads and facilitators began on December 10, 1990 with a week long session. Training will continue in early 1991 with all departments finishing by April.

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The Clinical Center Bioethics Program:

Helping to Assure the Ethical Conduct of Biomedical Research

By Wendy Schubert, Sc.M.

The Clinical Center of the NIH has a reputation for instituting many programs aimed at providing high quality patient care and research. One such program is the Clinical Center's Bioethics Program. The program's mission statement charges it to "provide leadership and assistance in the development, promotion, and maintenance of high ethical standards in patient care and human research." This mission is fulfilled through consultation, protocol review, research, and teaching. These services are available to all Clinical Center employees, to patients and families, as well as to the public. The program's chief is Alison Wichman, M.D., who is also a neurologist. The program's staff is small but includes people with considerable training in bioethical issues and in ethical and regulatory aspects of research with human subjects.

Realizing the need for bioethics

Bioethics is the relatively new discipline that involves the application of ethical principles and ethical reasoning to moral problems arising in health care and human research. The Bioethics Program was founded in 1978 by Mortimer Lipsett, M.D. (a former director of the Clinical Center) and was headed by John C. Fletcher, Ph.D. until 1987. Dr. Lipsett realized that clinical research, by its very nature, raised important ethical concerns which often collided with interests of investigators in the pursuit of science. The purpose of the

Bioethics Program was thus to assist practitioners and investigators to attempt to resolve conflicts of bioethical values having to do with patient care and research. "One task of bioethics is to initiate a process of evaluating complex problems and separating the ethical dimensions from other dimensions," says Dr. Wichman. It is the job of the bioethicist to help the researcher, clinician, patient, or others involved in clinical research to identify the ethical issues or conflicts and, along with other disciplines, to assist in the resolution of these conflicts.

Consultations

The staff of the Bioethics Program provides consultations to all disciplines involved in patient care and research at the Clinical Center. Bioethics consultations are provided to investigators of studies in such diverse fields as gene therapy and research involving newborns. The program's staff also helps scientists designing research studies, including collaborative studies between the U.S. and other countries, so that bioethical issues are identified and resolved before the studies are submitted for peer review. Patients and families at the Clinical Center may also call on the expertise of the Bioethics Program to help them resolve difficulties that may arise in the course of participating in clinical research. Members of the Bioethics Program accompany staff members on rounds to the intensive care units and other patient care units so as to include discussions about the ethical

components of patient care with the medical and social aspects of care.

Examples of clinical issues in which a consultation with a bioethicist might be helpful are endof-life decisions, patient confidentiality, disclosure of information, and whether a patient has the intellectual capacity to sign a consent document. The last example could arise when a patient with severe dementia cannot understand the implications of the research, and a surrogate, such as a family member, must give consent for the patient to participate.

Research on bioethical issues

Dr. Wichman and her staff conduct research on such issues as the characteristics and motivations of normal volunteers as research subjects and the process of informed consent at the Clinical Center. Through these efforts, Dr. Wichman hopes to advance the level of understanding of how bioethics plays a role in biomedical research and medical decision-making.

Educational opportunities

For the last 2 years, the Bioethics Program has offered a 13-month post-doctoral fellowship in clinical and research ethics. This opportunity prepares fellows to evaluate research protocols from an ethical perspective and to assist researchers in the design of ethically sound research studies as well as to address issues of informed consent and patient safety. The fellowship brings to BIOETHICS Continued on page 6

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the Clinical Center, people of diverse backgrounds: the current fellow is a moral theologian and a Catholic priest. Last year's fellow had a doctoral degree in philosophy and medical ethics as well as a master's degree in oncology nursing. This mix of disciplines not only helps the fellows gain insight into the challenges of a clinical research setting but also allows those in clinical practice to be exposed to nonmedical fields that have relevance to patient care. The Bioethics Program also offers internships, rotations, and other learning experiences for students and others who wish to deepen their understanding of the interplay of ethics in clinical practice and research.

Working with the Bioethics Program

How can a Clinical Center staff member tap into the resources of the Bioethics Program? There are a variety of formal and informal activities available. For example, a graduate course in bioethics, which is taught by the Bioethics Program staff, is offered through FAES. In addition, the Bioethics Journal Club meets monthly to discuss assigned journal articles dealing with ethical issues in patient care and research. The Bioethics Program staff also

welcomes opportunities to participate in or conduct educational sessions for physicians, nurses, allied health care professionals and lay groups.

If bioethical questions arise, it is best to attempt to clarify the problems and gather relevant information by working with one's own department through a supervisor or other responsible person before contacting a bioethicist. However, a consultation from a bioethicist can always be requested by researchers, clinicians, and allied health care workers, as well as by Clinical Center patients and their families. Bioethics Program staff members are available for consultation seven days a week, 24 hours a day.

Dr. Wichman emphasizes, however, that bioethicists are not the arbitrators in clinical situations where ethical conflicts exist. "Our mission is not to be primary decision-makers in ethical problems, but to be a part of the interdisciplinary process." Bioethical problems, by their very nature, are made up of different values of differing importance to the people involved. For example, an investigator's goal of designing a scientifically sound experiment may conflict with a caregiver's ideas about the best medical care and proper informed consent for

the patient. The process of informed consent, in turn, involves not only the patient, but the doctors, nurses, and others who will be both taking care of the patient and working with the investigator in clinical research. Identifying and resolving these conflicts requires the active participation of all who may be affected by the decisions being made. By its very nature, resolving bioethical issues is a multidisciplinary process.

The role for Clinical Center staff in bioethics

The Bioethics Program provides a valuable link of sensitivity between clinical research studies and the patients participating in them. This link embraces all who work in the Clinical Center. In fact, Dr. Wichman believes that "by being part of the Clinical Center, we are part of a moral community. We all have a responsibility and a role to play in becoming educated about and sensitive to bioethical issues. Each of us at the Clinical Center has a role in maintaining the high scientific, medical, and ethical standards that help make this institution such a great place."

If you have questions about the Bioethics Program, contact Dr. Wichman or her staff at 496-2429.

CC Holds CFC Drawing

As the annual CFC campaign drew to a close, the Clinical Center held a drawing for all those who contributed \$26 or more this year. The drawing was held in the Executive Office of the Clinical Center on December 10. A member of the Executive Office picked the three \$50 gift certificate winners as follows:

- 1. Carolyn Coates HCFD
- \$50 certificate for Sutton Place Gourmet
- 2. Elaine Robinovitz Nursing
- \$50 certificate for Houston's Restaurant

- 3. Diane Gibbs
- Medical Records
- \$50 certificate to any Cineplex Odeon movie theaters

Thanks to all who participated in this year's drive.

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Parinda Jani Receives Award

By Karen D. Riedel

Parinda Jani received an extra bonus this past holiday season; but not from Santa Claus or any other holiday giver. Jani, a technician in the Outpatient Department, was awarded a cash bonus for her consistent work above and beyond her duties.

"I am more involved in the Outpatient Department and Pharmacy than just being a technician," says Jani. "Patients feel comfortable when they come to the window and see me. I ask

questions and am aware of what is going on. I do more than just fill prescriptions."

"Parinda is extremely conscientious in reviewing orders and in helping our patients," says Thomas Dorworth. "I think she is one of the cornerstones of the CC that makes it all work. She is the type of employee that the CC has to attract and keep. I cannot say enough about her. She has no limitations as far as her job description and as far as what she can and will do."



Parinda Jani of the Outpatient Department receives award for outstanding performance.

CC Opens Flower Shop

By Karen D. Riedel

Practically overnight, the Clinical Center opened the one thing every hospital needs and the Clinical Center did not have—a flower shop.

"We had to get it in quickly for the Christmas season and Valentine's Day, which is the busiest season for florists," says Jan Weymouth, Space Management Specialist.

The flower shop is a collaborative effort sponsored by the R&W association with a percentage of the profits being donated to the Friends of the Clinical Center (FOCC).

"The most important part of this flower shop is the money that will be coming back to the FOCC," says Weymouth. "I also think it will improve the atmosphere of the lobby and general ambiance of the CC. Everyone is going to win from this." The current structure you see in the lobby area before the main elevator bank and across from the Special Events Section is only a temporary structure. The finished structure will look like an old New England house, according to the flower shop owner, Jeff Pace, who also owns Flower Hill Florist in Gaithersburg, and is expected to be completed around January 1991.

"I hope my services will be a great benefit to the Clinical Center patients and employees," says owner Jeff Pace. "My profits will turn into proceeds for the FOCC."

The flower shop sells flower arrangements, cut flowers, seasonal flowers, dried flowers, wreaths baskets, pre-mixed bouquets, plants, and balloons. The shop will be open seven days a week, 9 a.m. — 9 p.m. on weekdays; weekend hours will be available also. In addition, the flower shop delivers all over the NIH campus and offers FTD services.

LOOK!

The Educational Services
Office sends out this call for
HELP! We conduct orientation
in the Medical Board Room of
the Clinical Center. On Monday,
December 3, we found, to our
dismay, that the carousel tray of
slides which we use was
missing.

If you used the slide projector in the Medical Board Room between November 19 and 30, please check and make sure that the missing slides were not picked up inadvertently. The first slide in our tray is an aerial view of the NIH reservation and the last slide shows an instructor and students in a classroom setting.

The carousel and slides can be returned to Building 10 Room 1N252. Or, just call 496-1618 and we will come and pick them up.

We thank you for checking!! Educational Services Office

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CC Women's Program Holds First Meeting

The Clinical Center Equal Employment Office sponsored its first "Brown Bag" seminar for Clinical Center women. The CC women will be working in conjunction with the NIH Women's Advisory Committee. The "Brown Bag" for women is used as a mechanism for providing broad-based input on women's concerns and assisting in the development of strategies to resolve them. It is designed to help women in federal positions to network and to provide a forum by which women can learn of and discuss issues facing them in the work place.

Lucretia Coffer, Federal Women's Program Manager was the guest speaker of the meeting which attracted about 50 women from various departments such as Rehabilitation Medicine Department, Nuclear Medicine Department, Housekeeping and Fabric Care Department.

"I think it is an excellent forum



Ellen Williams is spear-heading the new CC women's program known as the "Brown Bag".

to share information and it should assist employees to reach their maximum potential as well as to increase morale and boost productivity," says Coffer.

According to Coffer, over 60 percent of the work force at NIH is comprised of women. Ellen Williams, Clinical Center Equal Employment Office, is spearheading this program and is encouraging Clinical Center

women to join in. The program will feature monthly seminars and plans to become increasingly active as it attracts more interest and support. To date, the program has planned a seminar on Sexual Harassment in the Work Place for January, Position Classification for February, and Training Opportunities for March. Call Ellen Williams at 496-8069 for more information.

January Calendar of Events

- 9 Grand Rounds
 12 noon-1 p.m. Lipsett Ampitheater
 Delayed Puberty, Fernando
 Cassorla, M.D., NICHD
 How Do Cells Move?, Edward
 Korn, Ph.D., Scientific Director,
 NHLBI
- Grand Rounds
 12 noon-1 p.m. Lipsett
 Ampitheater Radioimmunodetection in the Diagnosis of
 Neoplastic Disease Jorge
 Carrasquillo, M.D., CC
 Can Medications Treat
 Character?, Rex Cowdry, M.D.,
 NIMH
- 23 Grand Rounds
 12 noon-1 p.m. Lipsett Ampitheater
 Reversal of Gaucher's Disease
 with Enzyme Replacement
 Therapy Norman Barton, M.D.,
 Ph.D., NINDS
 Etiologic Clues from Cancer
 Mapping, Joseph Fraumeni, Jr.,
- 24 Employee Counseling Service Lecture: Noon-1 p.m.
 Bldg. 31, Conference room 4,
 Taking Control, Depression and
 Anxiety Disorders in the Work
 Place

M.D., NCI

- 24 Employee Counseling Service
 Lecture: Noon-1 p.m.
 Film and Discussion: Dealing
 with Depression,
 Little Theater, Bldg. 10
- 25 Bioethics Journal Club Pathology Conference Room, Medical Journalism, Bldg.10, room 2C310,
- 30 Clinical Staff Conference
 12 noon-1:30 p.m. Lipsett Ampitheater
 Insulin-like Growth Factors in
 Health and Disease, Derek
 LeRoith, M.D., Ph.D., NIDDK